

General

Title

Inpatient satisfaction: mean section score for "Meals" questions on Inpatient Survey.

Source(s)

Inpatient survey. South Bend (IN): Press Ganey Associates, Inc.; 2007. 4 p.

Measure Domain

Primary Measure Domain

Patient Experience

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure assesses the mean score for the questions in the "Meals" section of the Inpatient Survey.

The "Meals" section is one of ten sections that comprise the [Inpatient Survey](#). Mean section scores are reported for each section of the survey. In addition, an "Overall Facility Rating" score is reported.

Rationale

Patient satisfaction is both an *indicator* of quality of care, and a *component* of quality care.

In 2001, the Institute of Medicine (IOM) advocated a patient-centered model of care (Crossing the Quality Chasm: A New Health System for the 21st Century). In part, this is a reflection of the growing understanding that

"...patients constantly judge the motives and competence of caregivers through their interaction with them. This judgment is a very personal one, based on perceptions of care being responsive to patients' "individual needs," rather than to any universal code of standards (McGlynn, 1997). When these individual needs are perceived as being met, better care results. Lohr (1997) notes: "Inferior care results when health professionals lack full mastery of their clinical areas or cannot communicate effectively and compassionately." In short, when patients perceive motives, communication, empathy, and clinical judgment positively, they will respond more positively to care...Sobel (1995) claims that improved communication and interaction between caregiver and patient improves actual outcome. Donabedian (1988) notes that "...the interpersonal process is the vehicle by which technical care is implemented and on which its success depends" (from Press [2002] Patient Satisfaction: Defining, Measuring, and Improving the Experience of Care, Health Administration Press).

It is clear that patients quite actively evaluate what is happening to them during the experience of care. The degree to which the patient judges the care experience as satisfactory "...is not only an indicator of the quality of care, but a *component* of quality care, as well" (Press, 2002).

Patient Satisfaction has been linked to the following clinical outcomes: Clinical Quality (e.g., Hemoglobin A1c levels, cholesterol levels, lower bed disability days); Chronic Disease Control; Compliance; Drug Complications; Quality of Life; Emotional Health Status; Mental Health; Physical Functioning; Physical Health Status; Post-Surgery Complications; Post-Surgery Recovery Times; Risk-Adjusted Mortality Rates; Unexpected Mortality; and Work Effectiveness (Clark, Drain, Malone, 2004).

In addition to its connection to quality of care and clinical outcomes, Patient Satisfaction has been linked to the following:

Topline (Revenue): Loyalty; Volume; Physician Satisfaction; Patient's Trust in Provider; Retention; Employee Satisfaction

Bottomline (Expenses): Reduction in Expenses; Reduction in Length of Stay; Reduction in Complaints; Reduction in Malpractice Claims; Direct Measures of Financial Performance (e.g., bond rating, core margin, earnings per adjusted admission, market share, net margin, profit margin) (Clark, Drain, Malone, 2004)

Primary Clinical Component

Inpatient satisfaction

Denominator Description

Patients with an inpatient admission during the reporting period who answered at least one question in the "Meals" section of the Inpatient Survey. All deceased patients and all neonates are excluded from sampling.

Numerator Description

The mean of all the patients' scores for the "Meals" section of the Inpatient Survey

Refer to the "Press Ganey's Inpatient Survey: Calculation of Meals Scores Information" document listed in the "Companion Documents" field for additional details.

Evidence Supporting the Measure

Evidence Supporting the Criterion of Quality

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

A systematic review of the clinical literature

Focus groups

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Evidence Supporting Need for the Measure

Need for the Measure

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

Internal quality improvement

Application of Measure in its Current Use

Care Setting

Hospitals

Professionals Responsible for Health Care

Measure is not provider specific

Lowest Level of Health Care Delivery Addressed

Single Health Care Delivery Organizations

Target Population Age

Unspecified

Target Population Gender

Either male or female

Stratification by Vulnerable Populations

Unspecified

Characteristics of the Primary Clinical Component

Incidence/Prevalence

Unspecified

Association with Vulnerable Populations

Unspecified

Burden of Illness

Unspecified

Utilization

Unspecified

Costs

Unspecified

Institute of Medicine (IOM) Healthcare Quality Report Categories

IOM Care Need

End of Life Care

Getting Better

Living with Illness

IOM Domain

Patient-centeredness

Data Collection for the Measure

Case Finding

Users of care only

Description of Case Finding

All patients with an inpatient admission during the reporting period

Denominator Sampling Frame

Patients associated with provider

Denominator Inclusions/Exclusions

Inclusions

Patients with an inpatient admission during the reporting period who answered at least one question in the "Meals" section of the Inpatient Survey

Exclusions

All deceased patients and all neonates are excluded from sampling.

Relationship of Denominator to Numerator

All cases in the denominator are equally eligible to appear in the numerator

Denominator (Index) Event

Institutionalization

Denominator Time Window

Time window is a fixed period of time

Numerator Inclusions/Exclusions

Inclusions

The mean of all the patients' scores for the "Meals" section of the Inpatient Survey

Refer to the "Press Ganey's Inpatient Survey: Calculation of Meals Scores Information" document listed in the "Companion Documents" field for additional details.

Exclusions

Unspecified

Measure Results Under Control of Health Care Professionals, Organizations and/or Policymakers

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

Numerator Time Window

Encounter or point in time

Data Source

Administrative data

Patient survey

Level of Determination of Quality

Not Individual Case

Pre-existing Instrument Used

Unspecified

Computation of the Measure

Scoring

Non-weighted Score/Composite/Scale

Interpretation of Score

Better quality is associated with a higher score

Allowance for Patient Factors

Analysis by subgroup (stratification on patient factors, geographic factors, etc.)

Description of Allowance for Patient Factors

Data may be reported out separately for various kinds of patient groups at the client's request

Standard of Comparison

External comparison of time trends

Internal time comparison

Evaluation of Measure Properties

Extent of Measure Testing

The Inpatient Survey was first developed in 1987. In 1997, it was revised to ensure that it continued to accurately reflect patients' experiences and provide useful data to our clients. The 49-question survey

was fully tested in 1997 and has a robust factor structure and high subscale reliability. However, the environment for measuring patient perceptions has changed. Not all of these questions continue to be vital to understanding patient views, and hospitals have additional needs for incorporating standardized measurement such as HCAHPS within their patient survey.

Press Ganey tested shorter sets of standard questions that produced section and overall scores similar to the full Press Ganey survey. Press Ganey has evaluated its full survey to determine which questions could be removed and still provide a full quality improvement tool. As a result of these analyses, eleven questions were removed from the standard question set to take effect in early 2007. Questions were removed after individual consideration if they were found to be non-universal, to not reflect the current structure of the health care experience, to be highly correlated with another item and/or to have a lower factor loading than the other questions in the same section.

Effective questionnaires have three important attributes: focus, brevity, and clarity. Questions should focus directly on a specific issue or topic, be as brief as possible while still conveying the intended meaning, and be expressed as simply and as clearly as possible. The original 49 questions met these criteria and their face, content, and consensus validities were established in the original development work and all subsequent re-validations that ensured that the instrument remained accurate over time.

The remaining 38 questions were tested using our standard mail-out/mail-back methodology to eliminate selection and acquiescence biases.

The validation of the 38-item Inpatient tool is described in the "Inpatient Survey Psychometrics" document. The analyses were based on 565,557 surveys returned to Press Ganey during the first quarter of 2005, representing 1,436 hospitals.

Results stemming from the test of the reduced Inpatient Survey showed robust scale that consisted of ten internally consistent subscales: Admission, Room, Meals, Nurses, Test and Treatments, Visitors and Family, Physician, Discharge, Personal Issues, and Overall Assessment.

Refer to the "Inpatient Survey Psychometrics" document for further details.

Evidence for Reliability/Validity Testing

Inpatient survey psychometrics. South Bend (IN): Press Ganey Associates, Inc.; 2006. 9 p.

Identifying Information

Original Title

Inpatient Survey, Meals.

Composite Measure Name

Inpatient satisfaction: overall facility rating score on the Inpatient Survey.

Submitter

Press Ganey Associates, Inc. - For Profit Organization

Developer

Funding Source(s)

Press Ganey Associates, Inc.

Composition of the Group that Developed the Measure

Patients, providers, administrators, physicians, existing clients, Press Ganey Associates, Inc. employees

Financial Disclosures/Other Potential Conflicts of Interest

None known

Adaptation

This measure was not adapted from another source.

Release Date

1987 Jan

Revision Date

2007 Jan

Measure Status

This is the current release of the measure.

This measure updates a previous version: Inpatient Survey. South Bend (IN): Press Ganey Associates, Inc.; 2001. 4 p.

Source(s)

Inpatient survey. South Bend (IN): Press Ganey Associates, Inc.; 2007. 4 p.

Measure Availability

The individual measure, "Inpatient Survey, Meals," is published in the "Inpatient Survey."

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: rwolosin@pressganey.com; Web site: www.pressganey.com .

Companion Documents

The following is available:

Press Ganey's inpatient survey: calculation of meals scores information. South Bend (IN): Press Ganey Associates; 3 p.

For further information, contact: Press Ganey, 404 Columbia Place, South Bend, Indiana 46601; telephone: 800-232-8032; fax: 574-232-3485; e-mail: rwolosin@pressganey.com; Web site: www.pressganey.com .

NQMC Status

This NQMC summary was completed by ECRI on March 21, 2003. The information was verified by Press Ganey Associates on April 10, 2003. This NQMC summary was updated by ECRI on June 7, 2007. The information was verified by the measure developer on June 20, 2007.

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All inquiries regarding the measure should be directed to the [Press Ganey Web site](#) or e-mail Robert Wolosin, Ph.D. at rwolosin@pressganey.com.

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